

**INTERIM ANNUAL INSPECTION CERTIFICATION****Aboveground Storage Tank****(tank, associated equipment, leak detection system and secondary containment structure, if applicable)****Is Fit for Service**

AST Facility Name	
Address	
City, State, Zip	
Tank Owner Name	
Telephone Number	
Email Address	
Certifying Individual	
Address	
City, State, Zip	
Telephone Number	
Email Address	
Facility's/Owner's Tank ID #	
DEP Tank Registration Number (if issued)	

I certify that I have personally examined and/or am familiar with the inspection performed on the AST listed above, including its associated equipment, leak detection system and secondary containment structure, if applicable, and that I am a person eligible to perform such inspection pursuant to W.Va. Code § 22-30-6 and/or 47 CSR 62-3. As no minimum standards have been adopted by the Act or by legislative rule as of the date of this certification, I certify pursuant to W.Va. Code § 22-30-6(a), based on my direct knowledge and/or my inquiry of those individuals immediately responsible for obtaining the information, that the AST listed above, including its associated equipment, leak detection system and secondary containment structure, if applicable, is fit for service and no apparent threat of leakage exists. Deficiencies, if any, found during the inspection of the AST, including its associated equipment, leak detection system and secondary containment structure, if applicable, are described in the attached document(s) along with my recommendations and a schedule for abating said deficiencies.

*Signature of Certifying Individual

Date Signed

P.E. Registration #, STI Certification # or
API Certification # (if applicable)

Registration/Certification Expiration Date
(if applicable)

*Please refer to Interpretive Rule §47-62-3 to determine who must certify your tank.